

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036955

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2516

FILED SEP 20 1962

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

ST. LOUIS CO.

Length of stay in lb

12 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

ST. LOUIS COUNTY HOSPITAL

Inside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO

b. COUNTY

MADISON

c. CITY
OR
TOWN

FREDERICKTOWN

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

417 N. MAIN ST.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

SARAH

ALICE

BREWINGTON

4. DATE
OF
DEATH

Month

Day

Year

AUG. 29 1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

8-17-1911

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

Private Homes

11. BIRTHPLACE (City and state or country)

Madison Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Brewington

13b. MOTHER'S MAIDEN NAME

Virgie Elizabeth White

14. NAME OF HUSBAND OR WIFE

--

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown)

no

17. INFORMANT

Address

Elizabeth Sullens Fredericktown Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple traumatic injuries with skull
fracture and brain damage

DUE TO (b)

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

struck by truck while walking across high-
way20c. TIME OF
INJURYHow
p.m. 8/28/6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

highway

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis

Missouri

21. I attended the deceased from _____, to _____ and last saw her
him alive on _____
Death occurred at 6:00 AM _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Raymond J. Davis

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

8/30/62

23a. BURIAL, CREMATION,
REMOVAL, OR OTHER

DATE

REMOVAL 8-31-62

23c. NAME OF CEMETERY OR CREMATORY

Marcus Memorial Park

23d. LOCATION (City, town, or county)

Madison Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

L.V. Adamson

Fredericktown Mo.

25. DATE RECD. BY LOCAL REG.

8-29-62

26. REGISTRAR'S SIGNATURE

John B. Muehlberg

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59
14002
86212
3
4 1
5 3
6
7 0
8 2
9 X
10
11 400
12 45-3
13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Frank Prokop

Licensed Embalmer No.

4356

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.